

28 JAN 2005

**PATENT COOPERATION TREATY
IN THE RECEIVING OFFICE (RO)**

PCT**TRANSMITTAL OF CHAPTER II DEMAND**

To:

Mail Stop PCT
Commissioner for Patents
Attn: RO/US
P.O. Box 1450
Alexandria, VA 22313-1450

Applicant's or agent's file reference:
14364-0094

International application No. (if known)	International (day/month/year) (if known)	Filing date	(Earliest) Priority date (day/month/year)
PCT/US03/18270		11 June 2003	02 August 2002

Applicant

**THE GOVERNMENT OF THE UNITED STATES OF AMERICA, REPRESENTED BY
THE SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Title of invention

**CROSS-LINKED NITRIC OXIDE-RELEASING POLYAMINE COATED
SUBSTRATES, COMPOSITIONS COMPRISING SAME AND METHOD OF
MAKING SAME**

Dear Sir/Madam:

Applicant transmits herewith the following documents :

1. a Demand for Chapter II preliminary examination,
2. a Fee Calculation Sheet; and
3. a PCT Power of Attorney.

Respectfully submitted,

Louis C. Cullman, Reg. No. 39,645

Dated: 02 March 2004

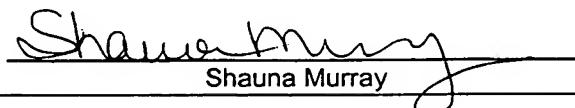
CERTIFICATE OF EXPRESS MAILING

EXPRESS MAIL NO.: EV 308792723 US

DATE: 02 MARCH 2004

PAGES: 6

I HEREBY CERTIFY THAT THIS PAPER (ALONG WITH ANY PAPER REFERRED TO AS BEING ATTACHED OR
ENCLOSED) IS BEING SENT VIA EXPRESS MAIL TRANSMISSION TO THE RECEIVING OFFICE RO/US ON THE
DATE INDICATED.



Shauna Murray

The demand must be filed directly with the competent International Preliminary Examining Authority if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:
IPEA/ US

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only

Identification of IPEA		Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		
International application No. PCT/US03/18270	International filing date (day/month/year) 11 June 2003	(Earliest) Priority date (day/month/year) 02 August 2002
Title of invention CROSS-LINKED NITRIC OXIDE-RELEASING POLYAMINE COATED SUBSTRATES, COMPOSITIONS COMPRISING SAME AND METHOD OF MAKING SAME		
Box No. II APPLICANT(S)		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) THE GOVERNMENT OF THE UNITED STATES OF AMERICA, REPRESENTED BY THE SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES National Institute of Health Office of Technology Transfer 6011 Executive Boulevard, Suite 325 Rockville, Maryland 20852 United States	Telephone No. 301-496-7057	
	Facsimile No. 301-402-0220	
	Teleprinter No.	
	Applicant's registration No. with the Office	
State (that is, country) of nationality: US	State (that is, country) of residence: US	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) FITZHUGH, Anthony L. 2117 Independence Street Frederick, Maryland 21702 United States		
State (that is, country) of nationality: US	State (that is, country) of residence: US	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) CHENG, Peiwen 366 Breeden Street Santa Rosa, CA 95409 United States		
State (that is, country) of nationality: US	State (that is, country) of residence: US	
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.		

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative

and has been appointed earlier and represents the applicant(s) also for international preliminary examination.

is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.

is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: (*Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.*)

CULLMAN, Louis C.
Stradling Yocca Carlson & Rauth
660 Newport Center Drive
Suite 1600
Newport Beach, California 92660
United States

Telephone No.
949-725-4154

Faxsimile No.
949-725-4100

Teleprinter No.

Agent's registration No. with the Office
39,645

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

the international application as originally filed

the description as originally filed

as amended under Article 34

the claims as originally filed

as amended under Article 19 (together with any accompanying statement)

as amended under Article 34

the drawings as originally filed

as amended under Article 34

2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).

4. The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination:

which is the language in which the international application was filed.

which is the language of a translation furnished for the purposes of international search.

which is the language of publication of the international application.

which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|--|---|-----------|
| 1. translation of international application | : | 40 sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | sheets |
| 6. other (specify) | : | sheets |

For International Preliminary Examining Authority use only
received not received

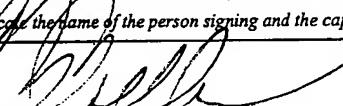
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input checked="" type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to a sequence listing |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (specify): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).



Louis C. Cullman
Attorney for the Applicants

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

- | | |
|--|--|
| 3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.

<input type="checkbox"/> The applicant has been informed accordingly. | 6. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply. |
| 4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5. | 7. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5. |
| 5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82. | 8. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82. |

For International Bureau use only

Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No.	PCT/US03/18270	For International Preliminary Examining Authority use only		
Applicant's or agent's file reference	14364-0094	Date stamp of the IPEA		
<p>Applicant THE GOVERNMENT OF THE UNITED STATES OF AMERICA, REPRESENTED BY THE SECRETARY, DEPARTMENT OF HEALTH</p>				
<p>CALCULATION OF PRESCRIBED FEES</p>				
1. Preliminary examination fee		\$600.00 P		
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)		\$148.00 H		
3. Total of prescribed fees <i>Add the amounts entered at P and H and enter total in the TOTAL box</i>		\$748.00 TOTAL		
<p>MODE OF PAYMENT</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input type="checkbox"/> bank draft </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other (<i>specify</i>): _____ </td> </tr> </table>			<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input type="checkbox"/> bank draft	<input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other (<i>specify</i>): _____
<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input type="checkbox"/> bank draft	<input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other (<i>specify</i>): _____			
<p>AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i></p>				
<input checked="" type="checkbox"/> Authorization to charge the total fees indicated above. <input checked="" type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.		IPEA/ <u>US</u> Deposit Account No.: <u>50-1329</u> Date: <u>02 March 2004</u> Name: <u>Louis C. Cullman</u> Signature: _____		